

**Measurement of Access to Critical Health Services  
& Children's Clinical Preventive Services**

**Submitted to**

**Washington State Board of Health**

**By**

**MCPH Healthcare Consulting Inc.**

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## Background

Since 1993, Washington State has worked through a partnership of state and local government and community organizations to advance public health's fundamental mission: *promoting good health and protecting all people from illness and injury*. One of the strategic goals of this partnership has been: *Access to critical health services in communities throughout Washington that is achieved through public-private cooperation*.

Work on the access goal and other strategic goals has been accomplished through successive Public Health Improvement Plans (PHIP). The 1999-2001 PHIP access work focused on defining *critical health services* and initiating a “snapshot” of current access. The Washington State Board of Health (BOH) took the lead on these activities. In the fall of 2000, they adopted a menu of critical health services (Attachment A) which specifies services in the following areas:

- General Access to Health Services
- Health Risk Behaviors
- Communicable & Infectious Diseases
- Pregnancy and Maternal, Infant & Child Health/Development
- Behavioral Health & Mental Health
- Cancer Services
- Chronic Conditions
- Oral Health

In a related activity, the BOH also adopted a list of clinical preventive services specifically for children ages birth through 10 years (Attachment B) which specifies services in the following areas:

- Periodic Comprehensive Health History, Physical Exam & Developmental Assessment
- Mental/Behavioral Health & Family Well-Being
- Health Risk Behaviors
- Communicable & Infectious Diseases
- Oral Health

Finally, they sponsored a feasibility study that looked at creation of a “snapshot”, using existing data to measure current access to critical health services and children's clinical preventive services.

This report summarizes the considerations surrounding measurement and the findings from the feasibility study, and recommends next steps on measurement of access to services.

stakeholders. This is parallel to the local work of community mobilization once the data is available.

## Measurement of Access: Recommendations Regarding the Future

The first recommendation relates not to the measurement process itself, but to building a foundation of shared support for the menu of critical health services and the list of children's clinical preventive services. ***The State Board of Health should play a leadership role in “championing” these evidence-based approaches to defining needed services.*** The makeup and role of the Board makes it uniquely suited to this proposed effort, which should involve all relevant state agencies as well as private sector healthcare insurers and providers.

The second recommendation builds off of the 1999-2001 PHIP. ***The work of designing a system to measure access should be integrated with the work underway to define and measure key indicators.*** The key indicators work has included steps to refine The Health of Washington State as well as development of the Report Card on Washington's Health: How Healthy Are We?, both of which contain selected access indicators. To support the local jurisdictions in implementing the Standards, these two planned reports need to be stratified and reported to the county level. (The current HRSA and Washington Health Foundation reports that are stratified to the county level are good starts at supporting assessment at the local level, however site visits in local jurisdictions indicate that more is needed.) Attachment D contains the current HRSA and Washington Health Foundation reports, the draft revisions to the Health of Washington State and description of the draft Report Card.

A new report that is parallel to or integrated with those described above would measure and report on access to critical health services and children's clinical preventive services. The combination of these reports, along with local knowledge and experience, would provide the basis for establishing and monitoring future community mobilization efforts, and would provide the basis to guide local access improvement efforts to close identified gaps.

A subset of this recommendation is to ***convene key stakeholders at the statewide level to select the access measurement set and methods.*** The current work on the PHIP Indicators project has brought an excellent mix of skills and knowledge to the process. The work on access measurement would add private sector policy and data experts as well as other state agency representatives (BOH, HCA, MAA, OIC). This collaborative effort should be supported by organizing the body of national knowledge regarding measurement of access (research, inventory and catalogue models, tools, and methods), so that wherever possible, the measurement of access could be aligned with and benchmarked against national data sources.

The tasks would be very similar to those being addressed in regard to key indicators:

- ***Develop clear definitions of access and align measurement to that definition (from state to local levels).*** Insured/uninsured?
  - √ Delivery system/workforce capacity?

- √ Barriers (geographic distribution of services, transportation, cost, cultural)?
- √ Are people really getting the intended services (service counting or surveys)?
- ***Develop measures that are important to public health, health plans, and the public.***
  - √ Focus on areas that are actionable at the local level
- ***Plan for a coherent method of public/private measurement over time.*** Don't invent new measurement structures or processes where existing processes could be revised or expanded to include measurement of specific services, comprehensiveness and consistency of data.
  - √ Use existing methods (HEDIS Quality Compass, MAA Minimum Data Set: see Attachment D)
  - √ Improve existing methods (expanded BRFSS, workforce capacity data, Child Profile)
  - √ Consider addition of a statewide survey tool (Spokane Regional example: see Attachment D)
  - √ Develop new measures and new data collection methods to fill gaps
- ***Develop incentives for health plan participation***
- ***Consider seeking an industry and/or funding partner to put Washington technologically out front in public/private access data collection for the public's health***

As a plan for systematic and coherent measurement of access takes shape, consideration of roles and responsibilities will need attention. Necessary infrastructure (including processes and structures for planning, measurement definition, data collection, analysis, reporting, monitoring, and coordination) will need to be developed and maintained. Clear assignment of responsibility, particularly at the State level, will ensure efficient operations, adequate coordination of multiple components, linkages with other State efforts and ultimately, effective use of measurement data that shed light on Washington's access to health services .

Finally, the ***DOH and local jurisdictions should continue their efforts at partnerships to address problems in access to care.*** Access issues appear to be increasing as the improvement efforts of the last ten years encounter market forces that make the health care delivery system increasingly fragile. As data becomes available, a quality improvement process should be integrated that uses data to plan for and implement interventions, track the impact of interventions, and improve interventions over time.

## **Attachment: Critical Health Services**

ADOPTED BY WASHINGTON STATE BOARD OF HEALTH ADOPTION SEPTEMBER 13, 2000

**Recommended Critical Health Services for Washington State Residents**  
**Topic, Target Population, & Service Type**

*Earlier versions of this document were presented for review to the Washington State Board of Health and staff in July and August 2000. Based on feedback, final revisions were made, with adoption of the following menu of critical health services occurring in September 2000.*

**Context:**

The Proposed Standards for Public Health in Washington State include a section focused on Access to Critical Health Services. The intention of this section of the Standards is to ensure that information is collected about a set of critical health services for purposes of monitoring, assessment of performance, identification of opportunities for improvement, and community mobilization efforts to ensure access to services and to address needs. In order to carry out the Standards, it is first necessary to define a set of critical health services, which will become the platform for assessment and action. The following menu of critical health services has been adopted by the Washington State Board of Health and will serve as this set.

This menu is meant to be periodically reviewed and updated, as new evidence and information becomes available. The perspective of this work is population-based. However, need for and access to any of the proposed services is determined by the individual patient / consumer circumstance - considering age, gender, risk factors, specific diagnoses, clinical appropriateness, and medical necessity

**Key Source Documents:**

Two sources provided the primary guidance for inclusion of items in this menu:

1. Healthy People 2010, U.S. Department of Health and Human Services, January 2000
2. United States Preventive Services Task Force, Guide to Clinical Preventive Services, 2<sup>nd</sup> edition, 1996.

**Contents :**

- **Adopted Menu of Critical Health Service Items** (as of September 13, 2000). Services are named by clinical or health topic in the left column. Other columns indicate whether the service is targeted for the general population and/or a sub-population with specific risk factors, and the type of service - whether screening/testing/assessment; counseling/education/support; or intervention.
- **Threshold Requirements and Criteria:** This is a summary of considerations and criteria that have been applied in the selecting services to be included in the menu.

KEY for “Target Population”: C = Children T = Teens/Adolescents A = Adults (Non-Senior) S = Adults > 65 W = Women M = Men  
 HR = At High Risk D = Diagnosed GP = General Population

[.....Service Type.....]

Category & Service Item	Target Population	Screening / Testing	Counseling/ Education/ Support	Intervention	Infrastructure	Policy
<b><i>General Access to Health Services</i></b>						
Ongoing Primary Care	GP	✓	✓	✓	✓	✓
Emergency Medical Services & Care	GP	✓	✓	✓	✓	✓
Consultative Specialty Care	GP; D; HR	✓	✓	✓	✓	✓
Home Care Services	GP	✓	✓	✓	✓	✓
Long-Term Care	S; HR	✓	✓	✓	✓	✓
<b><i>Health Risk Behaviors</i></b>						
Tobacco Use	T; HR; GP		✓	✓		✓
Dietary Behaviors	HR; GP		✓			
Injury & Violence Prevention (Bike Safety, Motor Vehicle Safety, Firearm Safety, Poison Prevention, Abuse Prevention, etc.)	HR; GP		✓	✓		✓
Physical Activity & Fitness	GP		✓	✓		
Responsible Sexual Behavior	T; A; HR		✓	✓		✓
<b><i>Communicable &amp; Infectious Diseases</i></b>						
Immunizations for Vaccine Preventable Diseases	C; T; S; HR		✓	✓	✓	✓
Sexually Transmitted Diseases	T; A; HR	✓	✓	✓	✓	
HIV/AIDS	T; A; HR	✓	✓	✓	✓	✓
Tuberculosis	GP; HR	✓	✓	✓	✓	
Other Communicable Diseases (i.e. Meningococcal & Hepatitis C)	GP; HR; D	✓	✓	✓	✓	

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[.....Service Type.....]

Category & Service Item	Target Population	Screening / Testing	Counseling/ Education/ Support	Intervention	Infrastructure	Policy
<b><i>Pregnancy and Maternal, Infant, &amp; Child Health / Development</i></b>						
Family Planning	T; W; A	✓	✓	✓		✓
Prenatal Care	T; W; HR	✓	✓	✓		
Women, Infants, & Children (Nutritional) Services	C; W; HR		✓	✓		✓
Newborn & Early Childhood Services	C; HR	✓	✓	✓	✓	
Well Child Care	C; T	✓	✓	✓		
<b><i>Behavioral Health &amp; Mental Health</i></b>						
Substance Abuse Prevention & Treatment Services	T; A; HR	✓	✓	✓		✓
Depression	GP	✓	✓	✓		
Suicide / Crisis Intervention	T; A; HR	✓	✓	✓		
Other Serious Mental Illnesses / Disorders	HR	✓	✓	✓		✓
<b><i>Cancer Services</i></b>						
Cancer-Specific Screening (i.e. Breast, Cervical, and Colo-rectal Cancers) & Surveillance	A; S; HR	✓	✓		✓	
Specialty Cancer Treatment	A; S; HR		✓	✓	✓	

KEY for “Target Population”: C = Children T = Teens/Adolescents A = Adults (Non-Senior) S = Adults > 65 W = Women M = Men  
 HR = At High Risk D = Diagnosed GP = General Population

[.....Service Type.....]						
Category & Service Item	Target Population	Screening / Testing	Counseling/ Education/ Support	Intervention	Infrastructure	Policy
<b><i>Chronic Condition / Disease Management</i></b>						
Diabetes	C; A; HR	✓	✓	✓		
Asthma	C; A; HR	✓	✓	✓		
Hypertension	C; A; HR	✓	✓	✓		
Cardio-Vascular Disease	C; A; HR	✓	✓	✓		
Respiratory Disease (other than asthma)	HR		✓	✓		
Arthritis, Osteoporosis, & Chronic Back Conditions	GP; HR	✓	✓	✓		
Renal Disease	HR; D	✓	✓	✓	✓	✓
<b><i>Oral Health</i></b>						
Dental Care Services	GP	✓	✓	✓		
Water Fluoridation	GP			✓	✓	✓
Services related to <b><i>Congenital and Injury-Induced Disabilities</i></b> (specialized therapies and assistive devices) were considered but not included on the adopted menu. Although critical for those individuals affected, such services did not meet the population-based threshold requirement of benefiting the health status of the community-at-large						

## Threshold Requirements & Criteria

<b>Threshold Requirement (See Footnote 1 below.)</b> <i>All services must meet this requirement for inclusion on the menu of critical health services.</i>	
<b>Community Health Status Benefit</b>	The provision and availability of this service is thought to have a predictable and demonstrated <b>benefit to the health status of the community-at-large</b> . Or the absence of this service is thought to result in detriment to the health status of the community-at-large.
<b>Criteria</b> <i>Scoring against these criteria is more relative than absolute. However, services included on the menu strongly met most of these criteria.</i>	
<b>Degree of Impact</b>	This service addresses a health issue whose <b>impact or potential impact</b> on the population is <b>known to be great</b> - either in terms of relative prevalence / incidence, or in terms of degree of risk for the community-at-large for events or conditions that occur less frequently.
<b>National Agreement on Priority</b>	Key <b>national</b> research, standard-setting and policy-making <b>bodies consider this service important and relatively high priority</b> .
<b>Strength of Evidence</b>	There is <b>strong evidence</b> through national or state research and/or evaluation of the service's safety, effectiveness, and/or cost-effectiveness. (See Footnote 2 below.)
<b>Agreement Likelihood (vs. Divisiveness)</b>	This service <b>would be (more likely than not) agreed-upon</b> by policy-makers, providers, and the public as important and necessary.
<b>Measurement Considerations</b> <i>The following should be considered as measurement planning for Access to Critical Health Services proceeds.</i>	
<ol style="list-style-type: none"> <li>1. Practical feasibility of measurement given current realities.</li> <li>2. Existence of a nationally defined, tested and accepted measure or indicator associated with this service.</li> </ol>	

**Footnote 1:** The potential for social and economic burden, if the service would be absent, was also considered as a threshold requirement. It was found not to be a discriminatory; all potential service met the requirement.

**Footnote 2:** There is agreement that cost-effectiveness evaluation of services should be considered in prioritization & resource distribution decisions, as an adjunct to evidence on effectiveness. Yet, methods of such analyses are not standardized & vary widely. Evidence on cost-effectiveness is therefore limited & likely not comparable across different studies and/or services. (Reference: American Journal of Preventive Medicine 2000; 19(1); pp 15-23; and Guide to Clinical Preventive Services; Second Edition; pp.lxxxv - xcii.)

## **Attachment: Children's Clinical Preventive Services**

ADOPTED BY WASHINGTON STATE BOARD OF HEALTH ADOPTION NOVEMBER 8, 2000

**Recommended Children's Preventive Services: Ages Birth through 10 Years**

**Topic, Target Population, & Service Type**

*Earlier versions of this document were presented for review to the Washington State Board of Health and its Subcommittee on Children's Health & Well-Being in September and October, 2000. Based on feedback, final revisions were made, with adoption of the following list of recommended children's preventive services occurring in November 2000.*

The following list of clinical preventive services represents a merged "menu" of recommended items, for children ages birth to 10 years, based on review of the AAP Recommendations for Preventive Pediatric Health Care (2000), the USPSTF Guide to Clinical Preventive Services (Second Edition; 1996), and components of EPSDT. Items are named in the left column. Other columns indicate whether the service is targeted for the general population and/or a sub-population with specific risk factors, and the type of service - whether screening/testing/assessment; counseling/education/support; or intervention. This list is the basis for and is aligned with the descriptive supportive information (from source documents) for these services.

**Key Source Documents:**

1. United States Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2nd edition, 1996.
2. American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care (RE9939), 2000.
3. Descriptive materials about Early Periodic Screening, Diagnosis and Treatment (EPSDT) covered services. (Washington State Medical Assistance Administration, 1999 Healthy Options Focused Review of EPSDT, by OMPRO, and Washington State Department of Social and Health Services, Medical Assistance Administration, EPSDT Screening Components and Periodicity Screening, 1997.)

Several additional secondary sources were consulted. These citations are noted in the companion document of supportive and explanatory information, titled "Summary of Recommendations, Rationale, & Support for Children's Preventive Services" (version revised on October 30, 2000).

**CONTINUITY OF CARE**

*Since children's preventive services are delivered over the continuum of childhood, continuity is necessary to identify patterns and issues in a child's physical, developmental, or emotional health over time. A primary provider over time is desirable; if providers necessarily change, smooth transfer of full information and records about the child's and family's history and the child's care is necessary to ensure coordination of services and to maximize continuity. High-risk sub-populations may require additional services and/or increased frequency of services.*

KEY for “Target Population”:      GP = General Population      SR = Populations/ Individuals With Specific Risk Factors (See footnote 1.)

[.....Service Type.....]				
Category & Service Item	Target Population	Screening / Testing / Assessment	Counseling/ Education/ Support	Intervention (See footnote 8.)
<b>PERIODIC COMPREHENSIVE HEALTH HISTORY, PHYSICAL EXAM, &amp; DEVELOPMENTAL ASSESSMENT</b>				
<b>Periodic Unclothed Physical Exam &amp; Health History</b> (See footnote 2.)	GP	✓	✓	✓
Height & Weight	GP	✓	✓	
Head Circumference	GP	✓		
Blood Pressure	GP	✓	✓	
<b>Sensory Screening</b>				
Vision	GP; Under review	✓		
Hearing	GP; Under review	✓		
<b>Developmental/Behavioral Assessment</b>				
Gross Motor Development	GP	✓	✓	
Fine Motor Development	GP	✓	✓	
Cognitive Skills	GP	✓	✓	
Communication / Language Skills	GP	✓	✓	
Self-Help / Self-Care Skills	GP	✓	✓	
Social / Emotional Skills (See also Behavioral/Mental Health. & Family Well-Being)	GP	✓	✓	
<b>Laboratory &amp; Condition-Specific Testing</b> (See footnote 3 regarding screening for lead toxicity.)				
Urinalysis	GP	✓		
Phenylketonuria	GP	✓		
Thyroid Function	GP	✓		
Hemoglobinopathies	GP, SR	✓		
Congenital Adrenal Hyperplasia	GP	✓		
Anemia	SR	✓		
Fetal Alcohol Syndrome	SR; Pregnancy	✓	✓	

KEY for “Target Population”:      GP = General Population      SR = Populations/ Individuals With Specific Risk Factors (See footnote 1.)

[.....Service Type.....]				
Category & Service Item	Target Population	Screening / Testing / Assessment	Counseling/ Education/ Support	Intervention (See footnote 8.)
<b>MENTAL / BEHAVIORAL HEALTH &amp; FAMILY WELL-BEING</b> (These items are also relevant in the context of Social / Emotional Skills and Injury Prevention.)				
Mental Health (See footnote 4.)	GP	✓	✓	✓
Family Violence (See footnote 5.)	GP	✓	✓	✓
Children’s Violent Behaviors	GP	✓	✓	✓
<b>HEALTH RISK BEHAVIORS</b>				
Sleep positioning counseling	GP		✓	
<b>Tobacco Use</b>				
Anti-Tobacco Messages	GP; SR	✓	✓	
Environmental Tobacco Smoke	SR	✓	✓	
<b>Injury Prevention</b>				
Motor Vehicle Safety: Child car seats; lap seat belts; motorcycle & ATV helmets; sober driving	GP		✓	
Bicycle Safety: Bike helmets; bike way from traffic	GP		✓	
Sports Safety: Mouth guards, etc.	GP		✓	
Burn Prevention: Hot water temperature; smoke detector; fire drill/ escape plan; flame-retardant sleepware; avoid smoking	GP		✓	
Fall Prevention: Stair guards, window guards; baby walkers	GP		✓	
Drowning Prevention: Supervision around water; pool fence; no swimming alone; life jackets	GP		✓	
Safe Storage: Drugs, toxics, firearms, matches	GP		✓	
Poison Prevention: Poison Control #; Ipecac)	GP		✓	
Cardio-Pulmonary Resuscitation & Choking Maneuvers	GP		✓	
Firearm Safety	GP		✓	

KEY for "Target Population":      GP = General Population      SR = Populations/ Individuals With Specific Risk Factors (See footnote 1.)

[.....Service Type.....]				
Category & Service Item	Target Population	Screening / Testing / Assessment	Counseling/ Education/ Support	Intervention (See footnote 8.)
<b>HEALTH RISK BEHAVIORS: (cont'd.)</b>				
<b>Physical Activity &amp; Fitness</b>				
Regular physical activity	GP		✓	
<b>Nutrition &amp; Dietary Behaviors</b>				
Breast Feeding	GP		✓	
Iron-Enriched Foods	GP		✓	
Fiber: Fruit & Grains	GP		✓	
Cholesterol & Dietary Fat	GP		✓	
<b>COMMUNICABLE &amp; INFECTIOUS DISEASES</b>				
<b>Immunizations for Vaccine Preventable Diseases</b> (See footnote 6.)				
Diphtheria, Tetanus, Pertussis	GP		✓	✓
Polio	GP		✓	✓
Measles, Mumps, Rubella	GP		✓	✓
Hepatitis B	GP		✓	✓
Haemophilus Influenza B	GP		✓	✓
Varicella	GP		✓	✓
Hepatitis A	GP in WA State		✓	✓
Influenza	SR	✓	✓	✓
Pneumococcal Disease (Pneumonia)	SR	✓	✓	✓
<b>Other Infectious Diseases</b>				
Ophthalmic Neonatorum (Gonorrhea)	GP			✓
Tuberculosis	SR	✓	✓	✓
HIV / AIDS	SR	✓	✓	✓
<b>ORAL HEALTH</b> (See footnote 7.)				
Dental Health Recommendations: Prevent baby bottle tooth decay, brush, floss, fluoride toothpaste, dental sealants for children with specific risks, & dental visits	GP; SR	✓	✓	
Water Fluoridation or Fluoride Supplement/Varnishes	GP; SR		✓	✓

**Footnotes:**

1. **Specific Risk Factors (“SR” designation)** : Risk factors vary for different health and clinical issues, and can include a range of factors either singly and/or in combination. Determinants of risk include physical health, genetics, age, family history, ethnicity, health-related behaviors & practices, environmental conditions, socio-economic status (including items such as income status and educational level), and psychosocial factors of the child and/or the family/parents. The designation of specific risk, in this context, suggests that assessment, screening, counseling, and/or intervention must take such specific risk factors into account for particular individuals or sub-populations, as they pertain to the particular health or clinical issue.
2. Components of **periodic, comprehensive physical examinations** include observations and assessment of body systems and organs. Body measurements and blood pressure, included in a comprehensive PE, are listed separately, because of specific supportive information and evidence associated with them.
3. **Lead Toxicity:** While screening for blood lead levels in specified at-risk infants and children is recommended based on national data, an extensive process has determined it is not recommended in Washington State. This determination is based on three studies conducted by the State Department of Health, a broad-based advisory committee that reviewed the studies and recommended against lead level screening, and by recommendations by the State Department of Health.
4. **Mental Health:** Mental health clinical screening tools are available to be used during clinical preventive visits; if mental health issues are uncovered, they should be addressed and services recommended. (Mental Health: A Report of the Surgeon General, 2000)
5. **Family Violence:** Although USPSTF in 1996 had insufficient evidence to recommend for or against screening and/or counseling on the topic of family violence and child abuse - as it relates to children, there is more recent evidence that supports attention to risk factors for and/or history of family violence (either domestic violence toward adults or child maltreatment). Violence in the family also increases the risk for violent behavior in children. Washington State has evaluated research findings and programmatic experience in the realm of family violence and strongly recommends that it be assessed and addressed in the context of children’s healthcare. (Insert citation for Washington State work on family violence here.)
6. **Immunizations:** Evidence and recommendations in the key sources consulted speak primarily to efficacy of administering immunizations, but not to education, counseling, and informed consent that necessarily accompanies the administration of immunizations. We note, however, that immunization services **do** include an education and counseling component.
7. **An oral cavity check** is a recommended part of a comprehensive physical exam, which is cited on this list of recommended preventive services. Dental health recommendations include general counseling as well as any specific recommendations based on oral cavity assessment.
8. **Intervention Service Type:** In this context, “intervention” is used to mean taking action that is preventive / prophylactic. For example, administration of immunizations is a preventive intervention. Interventions that are indicated as treatment based on diagnosis are not reflected here (e.g. treatment of diagnosed anemia or hypertension).. This definition separates preventive interventions from treatment interventions. This distinction, in actual practice, is not clear or absolute. Even though not reflected in this list, it is assumed that appropriate treatment interventions would be recommended for any diagnosis of disease or abnormal finding from screening.

